

AN APPRAISAL OF THE VENEREAL DISEASE
PROGRAM IN DES MOINES, IOWA

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CHAPTER I

INTRODUCTION

The recent trend of increasing venereal disease incidence has progressively filtered into the teenage group. In 1960, Des Moines, Iowa, established a community-wide teenage venereal disease program, with special emphasis on the education of the public. In considering the effectiveness of this program the writer became aware that the schools were not cognizant of the urgent need for adequate venereal disease education. It was with this purpose in mind that the writer set out to investigate the discrepancy between the educational program of the community and that of the Des Moines schools in regard to venereal disease.

I. THE PROBLEM

Statement of the problem. The purpose of this study was to ascertain (1) to what extent the trend in the incidence of venereal disease has changed both nationally and locally; (2) to cite established, educational programs dealing with venereal disease; and (3) to investigate the need for an active venereal disease educational program in the Des Moines Independent Community School District, and to suggest the possible implementation of such a program.

III. LIMITATIONS OF THE STUDY

This study was limited to a survey of the junior and senior high schools in the Des Moines Independent Community School District.

Two hundred ninety-three questionnaires were sent to teachers and nurses in selected areas of the curriculum in which correlation of their subject matter was apropos for information about venereal diseases. The areas of teaching selected were physical education, social science, home economics, life science and biology.

IV. PROCEDURES USED IN THE STUDY

Mr. Melvin D. Lightner, Public Health Education Director, Des Moines-Polk County Health Department, was interviewed for purposes of this study in order to become better acquainted with the community's venereal disease program, established in 1960.

The available periodical literature at Drake included magazine articles and educational journals. These were reviewed in order to learn the current status of venereal disease at the national level.

The Iowa Medical Library was a source for obtaining material covering the biological, pathological, historical, and sociological aspects of venereal disease.

The United States Department of Health, Education, and Welfare, the American Social Health Association, and the

American School Health Association publications gave the most pertinent statistics, which point toward the need for education about venereal disease.

A review of many mimeographed articles was conducted for the study of the community's venereal disease educational program as it exists in Des Moines, Iowa.

A report of a Special Task Force, appointed in 1961 by Surgeon General Luther T. Terry, was reviewed for its recommendations in the teaching of venereal disease in the schools.

The questionnaire was validated by presentation to the Drake advisor, the Superintendent to the Des Moines Independent Community School District and to supervisors in the areas of physical education, social science, home economics, health and science.

The questionnaire was then administered to the school nurses and to all junior and senior high teachers of physical education, social science, home economics, life science and biology.

CHAPTER II

SURVEY OF THE RELATED LITERATURE

Venereal disease problem. The increasing magnitude of the incidence of venereal disease among youth in the United States made this a significant educational problem. Great strides in venereal disease efforts were accomplished since 1943, with the discovery of penicillin as an effective drug for treatment. In the ten-year period from 1947 to 1957, the syphilis rate plummeted from 75.6 to 3.8 per one hundred thousand population.¹ At this point there was overconfidence in thinking penicillin alone would control venereal disease. This has influenced an almost tragic de-emphasis of venereal disease epidemiology in recent years in the medical colleges, schools of nursing, private physicians, and in the health departments.² The status of infectious syphilis since 1957 is staging an alarming comeback. By 1965 the figure of 23,250 was reached, which raised the rate to 12.3 per one hundred thousand population.³ Of great concern is the number

¹Terry L. Luther, "VD's Alarming Comeback," Look, XXVI (December, 1962), 82.

²William Brown, "VD Control," American Journal of Nursing, LXI (April, 1961), 94.

³VD Fact Sheet-1966, United States Department of Health, Education, and Welfare, Public Health Service (Atlanta: Government Printing Office, 1966), p. 9.

of unreported cases of syphilis occurring in the United States. Early in 1963 a report of the "National Study of VD Incidence," documented findings resulting from a query of 183,000 physicians in private practice. These calculations were based on a seventy-two per cent response. This study indicated that only 29.1 per cent of the treated cases were reported.¹ Currently the American Medical Association reports that fifteen hundred young Americans are contracting venereal disease every day.² It is now estimated that we have one million four hundred thousand new cases per year, including unreported cases. Of significance is the fact that over one-half or fifty-five per cent of these are under twenty-five years of age.³

Of great concern is the fact that there is increasing incidence of gonorrhea throughout the world. According to the World Health Organization, sixty million cases occur every year, but another trend which is even more alarming is that gonorrhea is becoming resistant to antibiotics.⁴

¹American Social Health Association, This is American Social Health Association (New York: American Social Health Association, 1964), p. 3.

²Ron Deutsch, "The Shocking Facts About VD," Parents' Magazine, XLII (January, 1967), 44.

³Simon Podair, "Shall Our Schools Teach About Venereal Disease?" Saturday Review, XLIX (March, 1966), 72.

⁴"Experts Assess VD Problem," Medical World News, IV (February, 1963), 55.

In a recent interview with Melvin D. Lightner, Public Health Education Director, Des Moines-Polk County Health Department, he stated that their great concern was the fact that the same patients are reinfected again and again. The local statistics on venereal disease show a rise of 500 per cent for syphilis and 130 per cent for gonorrhea, since the beginning of 1966, and the trend is more in the "nice" neighborhoods. Currently the local health department is considering a psychological study of each venereal disease patient when funds are available. This shows the awareness at the local level of the need for action rather than treatment alone.

Since 1960, paralleling the national trend in venereal disease, incidence in Des Moines-Polk County had increased 106 per cent, compared with a population increase of only fifteen per cent. Venereal disease ranked first among six major communicable diseases reported in Polk County.¹

For purposes of this study the writer wishes to mention the causes within the social structure which might contribute to this alarming high rise of venereal disease among teenagers, and to arouse awareness upon educators for a responsibility toward a solution.

¹"Venereal Disease Was the Number One Communicable Disease Problem in Des Moines-Polk County in 1966," (Des Moines, Iowa: Des Moines-Polk County Health Department, 1966), p. 1. (Mimeographed.)

Shapiro cited some of our broad and underlying social factors form such practices as early dating, going steady, parental permissiveness, and too little supervision.¹

Schwartz cited reasons for secretiveness concerning venereal disease by attitudes in our society:

That people who have the disease deserve to have it; that people should do nothing about it, even discuss it, because of our Puritan past; and the disease has lost its status as a disease and is becoming instead a symbol of, and supposedly deterrent to, legal, social, or moral behavior.²

Our way of life today include the trend to urbanization, the loosened family ties, the lack of close personal relationships in a highly mobile society, and the insecurity and increased pressures on the younger generation. These are among the contributing factors to increasing promiscuity.³ In viewing the social aspects of venereal disease one notes that despite the availability of techniques for processing research data, relating social controls to behavior is still a major problem for the social sciences. However, some of the indices of social control, generally regarded as having an influence on behavior, correlated significant relationships to promiscuous and socially deviant behavior. These indices

¹Maynard I. Shapiro, "Teen-agers and Venereal Disease," Journal of the American Medical Association, CXIV (November, 1965), 148.

²William F. Schwartz, "Wages of Ignorance," Parent Teacher's Association, LXI (September, 1966), 16.

³Robert H. Conn, "Venereal Disease Education in Washington, D.C.," Public Health Reports, LXXX (August, 1965), 747.

were: psychological atmosphere in the home, teenagers' religious attitudes, and school attendance. This study indicated that the school status reflected the most statistically significant influence on the adolescent.¹ Guthe cited sexual promiscuity as a personality problem growing out of an unsatisfactory home and family background.² San Francisco had developed a series of community-wide programs directed toward the solution of the social problem related to venereal disease control. They established psychiatric service at the venereal disease clinic. The study on promiscuity revealed:

1. Patients were typically both socially and emotionally immature, although their physical development was normal.
2. It was found that in adolescence many patients were separated from their families by physical removal rather than emotional emancipation. They tended to act impulsively without considering the consequences of their behavior.
3. Many patients had unrealistic goals and were lax in assuming responsibility for their behavior.

¹Celia S. Deschin, "Teenagers and Venereal Disease," Children, IX (July-August, 1962), 147.

²"Remarks by the Chairman," Journal Social Hygiene, XXXVI (January, 1960), 3.

4. Sixty per cent came from broken homes.
5. In homes which were not broken, marital difficulties were almost universally present.
6. General difficulties reported by patients in emotional concepts within the family centered around insufficient love or understanding on the part of the parents for the child.
7. Most patients who showed promiscuous behavior, appeared to show it as a result of conflicts, inadequacies, a disorientation within the personality.
8. When asked about their sexual history, complaints of traumatic childhood experiences and frustrations were noted.

In conclusion, this study stated that sexual promiscuity was a psychiatric problem. Sexual behavior in the promiscuous represents an effort to substitute sexual activity for more appropriate response as a solution to emotional problems. These may not be related directly to sex needs or sex expression. Results of the patients who were under psychiatric care, fifty per cent who had ceased their sexual promiscuity and ninety per cent either had ceased or had definitely reduced their promiscuity.¹ Closely correlated with the preceding study on increasing promiscuity were

¹Richard O. Koch, M.D., "Pencillin Is Not Enough," Journal of Social Hygiene, XXXVI (October, 1950), 365.

Lentz and Hall,¹ along with other anthropologists, sociologists, educators, and family counselors. Hall cited psychological factors related to venereal disease as personal inadequacy, economic insecurity, lack of group feeling, and the need for affection among venereal disease patients.²

Deschin cited the fact that high standards and values are transmitted to the young by the adult world and it is here that we must look for improvement, with the help of youth. Today's influences of mass media as communication and entertainment which are dedicated to the pursuit of profits, are often at the expense of human potential. Often seen is a commitment to values which are superficial and antisocial.³ Another example is the endless pursuit of happiness aided by parents who are concerned with being popular with their children.⁴

¹John W. Lentz and Madelyn N. Hall, "Venereal Disease Control in the Twentieth Century," Nursing Outlook, X (November, 1962), 724.

²Madelyn N. Hall, "Caseholding in Venereal Disease Research," Nursing Outlook, X (November, 1962), 728.

³Celia S. Deschin, "Standards and Values in Youth," Proceedings of the World Forum on Syphilis and Other Treponematoses, United States Department of Health, Education and Welfare, Public Health Publication No. 997 (Washington: Government Printing Office, 1963), p. 460.

⁴Ibid., p. 461.

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⁴Ibid., p. 461.

The concepts of deprivation, ignorance, and impulse set forth by Stokes¹ particularly apply to the venereal disease problem in the fifteen to nineteen year age group. He urged sympathetic educators to work with the teenager in order to dispel ignorance and help the students learn the value of controlling sexual impulses. He realized this is a difficult assignment, and that it can only be possible through good courses in the curriculum.

Glassberg cited familial rejection, rebellion, and going steady as reasons for venereal disease rise.² These factors are all related to the homes. Familial rejection is brought about by rejection of the most compelling of all human emotional needs, love. Without love the person loses a sense of importance, of being wanted, of really belonging to and being valued by the intimate family group. As teenagers fail to find acceptance in the family setting, they tend to have little ability to form close meaningful relationships with others.

In conclusion, some of the flux of ideas from the past which gave direction toward the attitudes of today are: the rise of Puritanism which gave venereal disease a

¹J. H. Stokes, "Course in Health and Human Relations, Its Origin and Its Purposes," Educational Outlook, XXI (January, 1947), 51.

²B. Y. Glassberg, "Venereal Disease Among Adolescents," Nursing Outlook, X (November, 1963), 731.

connotation of being bad or in need of punishment; industrialization and progressive urbanization, which fundamentally affected moral conduct; the discovery of micro-organisms by Pasteur and that of the Spirocheta pallida, cause of syphilis, and Wassermann's serological test for syphilis. The high venereal incidence of World War I gave impetus to ideas of social control. In 1942 research in venereal disease demonstrated the effectiveness of penicillin in treatment. In the last part of the twentieth century we still have resistance in venereal disease education in the schools. Sex has been denounced in our culture as degrading and contemptible, as in past centuries; moral condemnation of the disease and the diseased is still with us; the ambivalence of the intellectual leaders has contributed a great deal to the indifference that characterizes a great number of people in all social groups. Interest in venereal disease fluctuates. It rose during and after World War II when the rise in the number of cases soared upward. The family's weakened position and control needs to be considered. A real problem arises in the area of sex mores because the adolescent's biological maturity precedes his social maturity.¹ More than any other single factor, most pertinent to the rise in teenage venereal disease is teenage

¹H. E. Kagan, "Teaching Values to Our Children," Children and Youth in the 1960's, White House Conference on Children and Youth (Washington: Government Printing Office, 1960), 56.

promiscuity. The promiscuous are the amateurs, the unpaid pick-ups, the good time girls, rather than the known prostitutes.¹ This situation could be described as the "morals revolt". The rise in teenage venereal disease rate, then, can be said to have been greatly influenced by these social forces: family disorganization, changes in sexual attitudes, and increased mobility.

Venereal disease educational programs. In view of the current statistics, Bennell said that it is time our schools sponsor the necessary programs of instruction. This should be from fifth through the twelfth grades by instructors familiar with adolescent problems, and scientific knowledge.² This venereal disease instruction should be included in the communicable disease category; however, the socio-psychological aspects concomitant with the victim would make it necessary to treat it also as a social problem.³ Important guidelines for venereal disease instructional programs were: active committee of health and community leaders, including youth-serving organizations; exchange of information for all

¹Lawrence Galton, "Why VD Is On The Increase," Cosmopolitan (January, 1963), 10.

²Florence B. Bennell, "How to Set Up a VD Instructional Program in Our Schools," Nations Schools, LXX (September, 1962), 74.

³Florence B. Bennell, "The Role of the Schools In Venereal Disease Control," Journal of School Health, XXXV (June, 1965), 259.

concerned; official support of Board of Education, and the Superintendent and his staff; instructional material appropriate and accurate for junior and senior high; and effective teaching.¹

A review of venereal disease educational efforts in public schools was published by The Nation's Schools in 1961.² Questions were in regard to their programs dealing with venereal disease education, time allotted, grade level, and type of materials used. In the opinion of the writer, the San Diego, California, schools had one of the best venereal disease programs. It was well integrated in social health counseling, physiology, and biology classes from the ninth through twelfth grades. Kansas City, Missouri, had another significant venereal disease program. It was incorporated in the health and physical education areas, and also provided workshops for teachers. The above study indicated that twenty-eight states and forty-five cities provided instructional venereal disease programs. There seemed to be some confusion in teaching about venereal disease, in that it becomes teaching about sex or family life, and does not belong in the school curriculum. Venereal disease

¹Julius Buchwald, Proceedings of the World Forum on Syphilis and Other Treponematoses, United States Department of Health, Education, and Welfare, Public Health Publication No. 997 (Washington: Government Printing Office, 1963), p. 460.

²Benell, op. cit., p. 76.

education should be about information and attitudes which enhance the possibility of the eradication of venereal disease within the social framework.¹ Success and community acceptance of a venereal disease program needs the cooperative effort between the board of education and the community agencies from the start.

The increasing venereal disease rate into the younger age group in Des Moines, paralleling the national trend, initiated a full-scale community effort in organizing the necessary forces to solve the venereal disease problem. A case study involving thirty-two persons, mostly teenagers, and costing \$92,000 in projected figures, was instrumental in getting the Des Moines community-wide teenage venereal disease program under way.² Some of the backgrounds of the venereal disease program were: meetings with health and community leaders of key organizations, broad evaluation of the epidemiological aspect of venereal disease; and consideration of the possible attack upon the causal factors of venereal disease. After evaluating the results from three workshops, consideration of the behavioral aspect of venereal disease came into focus and education of the public became evident. In-service education for teachers, nurses, counselors, and

¹William F. Schwartz, "Some Pragmatic Considerations in Venereal Disease Education," Journal of School Health, XXXIII (April, 1963), 165.

²"A Case Study of Venereal Disease - 1960" (Des Moines, Iowa: Des Moines-Polk County Health Department, 1960), p. 1. (Mimeographed.)

parents was sponsored by the Adult Education Department of the Des Moines Public Schools, from which resulted the regularly scheduled class of "Parent-Child Relationships".¹

In Los Angeles County, California, late in 1963, aggressive leadership arranged meetings of doctors, school-system representatives, and civic officials and initiated a six-hour venereal disease education program in the high schools. In the years from 1964, while the national rate of infectious syphilis rose significantly, the teenage rate in Los Angeles plummeted fifty-eight per cent.²

In Houston, Texas, an educational program was sponsored by the Junior Chamber of Commerce and the health department. They presented a concentrated effort to inform the public about venereal disease. Some of the methods they used were programs on syphilis, published a pamphlet outlining the teenage aspect of Houston's venereal disease problem, established a Conference on Venereal Disease and Houston Youth, developed a speaker's bureau, and sponsored radio and television programs.

In the District of Columbia, junior and senior high schools have had education about venereal disease as part of their curriculum since 1958. In a one semester course,

¹Melvin D. Lightner, "A Community-Wide Venereal Disease Program," (paper presented at the Society of Public Health Education, Kansas City, Missouri, November 9, 1963).

²Deutsch, op. cit., p. 45.

"Health and Family Life Education," venereal disease is treated as a communicable disease. The special teachers of the course were prepared by the District of Columbia Teachers College, which conducted courses in sex and venereal disease education. The local teachers were also offered many opportunities for enlightenment through group conferences, workshops, memoranda, and demonstration lessons.¹

In comparing the community venereal disease education with the Des Moines Schools, the writer is aware of a few efforts with lecture-discussion type of presentation as presented in Chapter III. Studies indicate that the schools should take full responsibility of integrating venereal disease education into the school curriculum in view of the current problem. The variance between knowledge and its application is vividly demonstrated in venereal disease education when we consider our active community program as compared with that of the Des Moines Public Schools.

Need and implementation of venereal disease program in the Des Moines Schools. The writer considered Deschin's study of teenage venereal disease. This study began in 1958 with a sensitive probe of the social and sexual behavior of six hundred teenagers who came to New York City clinics over a period of two years. This study cited that sixty-four

¹C. F. Hanson, "Venereal Disease Education in Schools of the District of Columbia," Public Health Reports, LXXVIII (April, 1963), 314.

per cent of these teenagers received their sex knowledge from their peers, twenty-one per cent from parents, and thirteen per cent from the schools. Other findings rated only ten per cent of teenagers in the study as having a very good understanding of venereal disease.¹

A formal report of the Special Task Force appointed in 1961 by Surgeon General Luther T. Terry, included the following recommendations in the educational aspects of venereal disease:

1. VD education per se should consist of the presentation of a body of information about syphilis and gonorrhea which may be expected to motivate the recipient as follows:
 - A. To be sufficiently concerned about the disease to do what he can within the total framework of his own knowledge and behavior to avoid it;
 - B. If exposed, to recognize the possibility of infection, know what to do about it, and do it;
 - C. As a responsible member of the community, to demand community action to halt the spread.
2. VD education properly includes biological, pathological, historical, epidemiological, and sociological aspects of VD, broadly embracing causes, effects, prevention, transmission, recognition, treatment, and community responsibility for control.
3. VD education per se should be initiated not later than 7th grade and continued at least through senior high school.
4. Whenever possible, the facts about VD and their implication should be taught routinely in existing classes under existing conditions without segregation of sexes or any other imposed conditions

¹Celia S. Deschin, Teenagers and Venereal Disease, A Sociological Study, United States Department of Health, Education, and Welfare, Public Health Service (Atlanta: Government Printing Office, 1961), p. 147.

which would tend to place VD in a special category other than as one of a number of intolerable diseases.

5. Every effort should be made to have additional VD related content of greater depth included in health-related textbooks for use in grade and secondary schools.¹

As a result of this review of literature, the investigator feels that implementation of a venereal disease instructional program in the Des Moines Public Schools needs to be a long-range program in the junior and senior high schools. Cooperative efforts between the board of education and community agencies could inaugurate a plan for the introduction of such a venereal disease program. The local community program could be reviewed for the total picture of what has been done. In-service workshops for teachers in science, home economics, and health areas could be established. Guidelines for subject matter could be fully integrated or correlated into the regular curriculum. The formation of a resource unit suggested for use by teachers will be developed by the writer. Venereal disease is a school and community concern. The solution to this problem reaches into every aspect of our culture-the home, school, and community. A team approach needs to attack this problem on many fronts.

¹Venereal Disease Education, Public Health Service, United States Department of Health, Education, and Welfare, Public Health Service Publication No. 1190 (Washington: Government Printing Office, 1964), p. 31.

CHAPTER III

PROCEDURES OF THE STUDY AND PRESENTATION OF DATA

I. PROCEDURE OF THE STUDY

In order to obtain data for this study, a questionnaire was formulated for the purpose of surveying the current situation of venereal disease teaching in the junior and senior high areas of the Des Moines Independent Community School District. The investigator selected teachers and nurses from the curricula areas of physical education, social science, home economics, health and science.

Limitations of the study. One of the limitations of this study is that 293 questionnaires were used to represent all of the junior and senior high schools in Des Moines, Iowa whereas the parochial junior and senior high schools were not included in the study.

The questionnaire. The questionnaire was validated by presentation to my Drake advisor, Superintendent of the Des Moines Independent Community School District and to supervisors in the areas of physical education, social science, home economics, health and science.

In April, 1967, a stamped, self-addressed envelope, the questionnaire, and an accompanying letter were mailed to each teacher and nurse included in the study. The letter

explained the nature and purpose of the study.¹

Completed questionnaires were received from 239 teachers and nurses, a return of 81.5 per cent of the 293 questionnaires mailed to the Des Moines Independent Community School District.

II. PRESENTATION OF DATA

There were seven questions in the questionnaire. Six of these questions required a direct answer, whereas one question was open ended. A copy of the questionnaire is in the Appendix.

To the question, "Are you a teacher or nurse in junior or senior high?" 123, or fifty-one per cent, reported they were in junior high schools, 108, or forty-five per cent, were in senior high schools. Eight respondents did not respond to this question, representing four per cent.

The investigator was interested in the representation of responses according to teaching areas. To the question, "In what area do you teach?", the physical education group was represented by responses from forty-seven of sixty-one who received questionnaires, or a return of seventy-seven per cent. The social science group was represented by responses from 106 of the 139 who received questionnaires, or a return of seventy-six per cent; the home economics group

¹Copies of the questionnaire and letter may be found in Appendix A and B.

by responses from nineteen of the twenty-four receiving questionnaires, or a return of seventy-nine per cent; the science group by thirty-nine of the fifty, for a return of seventy-eight per cent; the nurses' group by fourteen of nineteen, for 73.6 per cent. The data with regard to area of teaching, according to the number reported, were as follows:

	<u>Number Reporting</u>	<u>Total Number</u>	<u>Per cent of Response</u>
Physical Education	47	61	77
Social Science	106	139	76
Home Economics	19	24	79
Science	39	50	78
Nurses	14	19	73.6
Health	25		

It is noted that 25 persons listed themselves as teachers of health. Since the Des Moines Independent Community School District does not employ personnel majoring in health only, teachers of health classes have been reported in a dual role. The physical education teacher has a dual role in the junior high school when he is assigned to teaching ninth grade boys' hygiene classes. This arrangement explains why ten respondents included health as an area of their teaching. The nurses, too, considered themselves as health resource personnel, although at the time of this study they are not assigned to teaching health classes, as had been a previous policy in the Des Moines Public schools. This

accounted for fourteen nurses listing themselves as teachers of health. The curriculum was established to include eight weeks of a health unit for girls, taught by the home economics department, in the eighth grade, accounting for one response in the home economics department. This explains the twenty-five teachers and nurses who considered themselves health teachers also.

To the question, "Do you teach about venereal disease?" fifty-three or 22.2 per cent of the respondents replied "yes". A negative reply was given by 181 or 75.8 per cent of the respondents. Five or 2.1 per cent of the respondents did not reply. The representation of the positive replies by class is shown by the following:

<u>Class</u>	<u>Total Reporting</u>	<u>Total Number</u>	<u>Per cent of Response</u>
Family Living	13	53	24.5
Social Science	4	53	7.6
Life Science Biology	14	53	26.4
Health	20	53	37.8
Other	2	53	3.7

To the question, "What aspect of venereal disease education is included?" the replies of the fifty-three positive respondents were considered. Aspects of venereal disease included in courses were reported as follows:

<u>Aspect</u>	<u>Number Reporting</u>	<u>Total Number</u>	<u>Per cent of Response</u>
Epidemiological	26	53	50
Pathological	31	53	58
Sociological	45	53	84
Biological	49	53	92
Historical	24	53	45

For those 181 respondents who indicated they did not teach about venereal disease, the question, "Do you utilize other resource personnel to present venereal disease education?" resulted in the following personnel being reported as utilized:

<u>Utilized</u>	<u>Number Reporting</u>	<u>Total Number</u>	<u>Per cent or Response</u>
Physicians	2	181	1.1
Nurses	35	181	19.3
Health Educators	25	181	13.8
Other	10	181	5.5

To the question, "Do you think the Des Moines Community is ready to initiate a strong venereal disease educational program in the schools?" 69.5 per cent of the total respondents said "yes," 16.7 per cent, "no." Of those answering the question "yes" or "no", eighty per cent marked "yes". An undecided response including those who said they were not

sure, those who wrote only comments, and those who left the question unanswered, was reported as 13.8 per cent. The replies by teacher groups were as follows:

	<u>Yes</u>	<u>No</u>	<u>Total Yes-No</u>	<u>Not Sure</u>	<u>Only Wrote Comments</u>	<u>Blank</u>	<u>Total</u>
Physical Education	34	9	43	2	1	1	47
Social Science	79	17	96	2	3	5	106
Home Economics	14		14	3		2	19
Health	18	3	21	2	1	1	25
Science	20	9	29	4	3	3	39
None		1	1				1
Other	<u>1</u>	<u>1</u>	<u>2</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>2</u>
Totals	166	40	206	13	8	12	239

To the question, "Would you be interested in orientation seminars, conferences, or workshops on the teaching of venereal disease?" 57.7 per cent of the total respondents said "yes," thirty-nine per cent, "no". Of those answering the question "yes" or "no," 59.7 per cent marked "yes". An undecided response including those who said they were not sure, those who wrote only comments, and those who left the question unanswered, was reported as 3.3 per cent. The replies by teacher groups were as follows:

	<u>Yes</u>	<u>No</u>	<u>Total Yes-No</u>	<u>Not Sure</u>	<u>Only Wrote Comments</u>	<u>Blank</u>	<u>Total</u>
Physical Education	18	27	45			2	47
Social Science	48	54	102		2	2	106
Home Economics	15	3	18			1	19
Health	22	3	25			1	25
Science	33	5	38			1	39
None		1	1				1
Other	<u>2</u>	<u>—</u>	<u>2</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>2</u>
	138	93	231		2	6	239

To the question, "Knowing your community has a serious venereal disease problem, would you be willing to teach about venereal disease?" 60.2 per cent of the total respondents said "yes", 34.3 per cent "no". Of those answering the question yes or no, 63.7 per cent marked "yes". An undecided response including those who said they were not sure, those who wrote only comments, and those who left the question unanswered, was reported as 5.5 per cent. The replies by teacher groups were as follows:

	<u>Yes</u>	<u>No</u>	<u>Total Yes-No</u>	<u>Not Sure</u>	<u>Only Wrote Comments</u>	<u>Blank</u>	<u>Total</u>
Physical Education	26	19	45			2	47
Social Science	51	48	99	2	2	3	106
Home Economics	13	6	19				19
Health	20	3	23	1		1	25
Science	32	5	37	1		1	39
None		1	1				1
Other	<u>2</u>	<u>—</u>	<u>2</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>2</u>
	144	82	226	4	2	7	239

III. COMMENTS

Respondents were asked to add further comments concerned with the venereal disease problem and suggestions of what educators can do. A total of 101 respondents representing 34.4 per cent commented. Thirty-three respondents gave further explanation of how programs can be implemented. Some of these are:

I think this subject should be covered in a biological oriented unit in sex in junior high and again in high school in a sociological and ethical oriented unit on sex.

I think the school nurse should be the one to teach hygiene.

It could be brought in during the study of "Problems of City Life" under the study of government, or "Health Education and Welfare" study. Probably should start in junior high seventh to do any good. Taught by teachers who are well liked by the students. I believe there is a real need for good information on

a wholesome basis, the sooner the better. It is our responsibility to educate the whole child otherwise he will be a liability to all of us at a later date.

I have Boys' Health Classes (3 periods), they alternate by days (odd-even) with Physical Education, so in the five or six weeks we have for Communicable Diseases we have 14, 15, or 16 (55 minutes) class-we cover 28 or 29 diseases-and the discussion is usually quite good. I believe the ninth grade is the place to study this with a review in Biology, Home Making, Zoology in 10, 11 or 12th year.

Knowledge of the subject must be presented to youth of our community. The parents of most children never mention venereal disease. Someone must do it. The finger points to the educators. Its better to learn it in the classroom than local restroom wall. The strict religious groups say no and raise Cain at the issue. I think they should be put in the background. Teaching venereal diseases may help many but it may be like cigarettes. They cause cancer but many still smoke. At least they will know what to look out for.

I feel the subject should be taught in connection with sex education by a school nurse or physical education teacher.

Aim your program at the adults. Parents should be incorporated into the program either directly or as disseminators of information to their child.

I think it is high time a complete sex education program was added in mixed classes, taught frankly. Parents greatly neglect the entire issue, but object if the schools try to do something. The school board or someone should tell them politely where to go and initiate the program. The school board just has to get the guts to do it. The kids, I honestly believe, want it.

Venereal disease has been discussed on a scientific basis in some of my classes. Very little on the social effects. This is not a unit but comes up during a discussion of other diseases.

Feel it should be incorporated in Family Relationships Course.

... Des Moines has a unique situation. Our nurses used to teach health (9th grade), which included venereal diseases. For some reasons, this was transferred to the home economics teacher. What used to be a 2½ day

per week for 2 semesters health coverage has been reduced to a 2-3 week coverage. Also, the responsibility which was the nurse's, was transferred to the home economics teacher who would generally have much less training in this particular area. My recommendation is that health classes should be returned to the nurses, who are well trained in this area.

In my opinion this problem should be coordinated with the home and the church where ever possible. The teaching of sex and its related problems must in my opinion be taught within the framework of a system of values. Since values are different we must approach this area in different ways. The school must educate the home as what to teach but the home must assume some responsibility. It is within the jurisdiction of the school to teach about the physical and psychological dangers of V.D. but the home and church must provide the framework with which to use this knowledge. A project of this subject would be a major project for the P.T.A. The churches in the area could also be held in the program in a true ecumenical spirit. I am sure that all would agree that something must be done in this area of human living.

In Social Science, it would be possible to bring V.D. into discussion when a class is learning about governmental divisions, i.e. Public Health Department in State of Iowa has separate branch which is concerned solely with V.D. It might be more difficult in World History, unless you had the class organize and obtain material showing how it could be compared among various nations.

From the data presented in this chapter, it was concluded that the small number of respondents teaching about venereal disease is of great significance in relationship to the immensity of the venereal disease problem among teenagers. The need for a more active program is clearly evidenced by the Los Angeles County Study related in Chapter II. The picture of the local situation is evidenced further by indications that the teaching of venereal disease is mostly

in the health area, with physical educators and nurses having this responsibility. The science classes are doing some teaching in this area along with home economics teachers in the family living classes. These classes are approaching venereal disease from the biological and sociological aspects. In some situations when venereal disease is not taught by the classroom teacher, it is usually the school nurse who is utilized. A high number of health, physical education, and science teachers indicated Des Moines is ready to initiate a strong venereal disease educational program. The science teachers were most interested in orientation seminars, conferences, and workshops, and the health and science department indicated they would be willing to teach courses about venereal disease.

The comments indicated strong feelings about how a program should be implemented; some teachers explained how their programs were already teaching about venereal disease. Others suggested that venereal disease should be taught in the health and science departments. Expressions of the need for help in preparation for teaching the courses pointed toward teacher interest in such a program. A detailed summary of the findings concerning each of the evaluation criteria is presented in Chapter IV, along with conclusions and recommendations.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The problem undertaken in this study was to determine (1) to what extent the trend in the incidence of venereal disease has changed both nationally and locally; (2) to cite established educational programs dealing with venereal disease; and (3) to investigate the need for an active venereal disease educational program in the Des Moines Independent Community School District, and to suggest the possible implementation of such a program.

The procedure used in this project consisted of an interview with Mr. Melvin D. Lightner, Public Health Education Director, Des Moines-Polk Health Department, to determine the history of the community's venereal disease program.

The available periodical literature at Drake reviewed were magazine articles and educational journals, to learn the current status of venereal disease at the national level.

The Iowa Medical Library was a source for obtaining material covering the biological, pathological, historical, and sociological aspects of venereal disease.

The United States Department of Health, Education, and Welfare, the American Social Health Association, and the

American School Health Association publications gave the most pertinent statistics, which point toward the need for education about venereal disease.

A review of many mimeographed articles was conducted for the study of the community's venereal disease educational program as it exists in Des Moines, Iowa.

A report of a Special Task Force, appointed in 1961 by Surgeon General Luther T. Terry, was reviewed for its recommendations in the teaching of venereal disease in the schools.

After reviewing the current literature on venereal disease from the above resources, the writer constructed a questionnaire for the purpose of surveying the current situation of venereal disease teaching in the Des Moines Independent Community School District.

The questionnaire was validated by presentation to my Drake advisor, the Superintendent of the Des Moines Independent Community School District and to supervisors in the areas of physical education, social science, home economics, health and science.

The questionnaire was then administered to the school nurses and to all junior and senior high teachers of physical education, social science, home economics, life science and biology. Chapter III investigated the need for an active venereal disease program in these areas. Completed

questionnaires were received from 239 teachers and nurses, for a return of 81.5 per cent.

In appraising the present teaching program in venereal disease, tabulation of the identifying data showed that only fifty-three or 22.2 per cent of the respondents were teaching about venereal disease. The investigator believes that much more could be done in relationship to the small number teaching about venereal disease and the immensity of the venereal disease problem.

In questionnaire return, the percentage of responses by teaching area shows highest response from home economics teachers, then in order of response, science, physical education, social science, and nurses.

A percentage of 22.2 of all respondents indicated they taught about venereal disease in their classes. The class with the greatest number of respondents reporting teaching the subject was the health teacher, comprising 37.8 per cent of the affirmative responses. Next in number of affirmative responses was the science class with 26.4 per cent, then in order of response, family living and social science taught about venereal disease in their classes.

The aspect of venereal disease education most often considered in classrooms was the biological. Next in order were the sociological, pathological, epidemiological, and last historical.

A percentage of 75.8 of all respondents indicated they did not teach about venereal disease in their classes, but utilized other resource personnel to teach for them. They reported utilizing nurses most often. Next in order were the health educators, and last physicians.

A percentage of sixty-nine of the respondents indicated they thought the Des Moines Community was ready to initiate a strong venereal disease educational program in the schools.

A percentage of 57.7 of the respondents indicated they were interested in orientation seminars, conferences, or workshops.

A percentage of sixty of the respondents indicated they would be willing to teach about venereal disease with the known venereal disease problem. In view of the seriousness of the increasing trend of venereal disease incidence filtering into the teenage group this study indicated strong evidence of the need for the local schools to take an affirmative stand to counteract the lag in activating such a program.

After collecting data the writer summarized the findings. The summary and recommendations are presented in this chapter.

I. CONCLUSIONS

As to the extent the trend in incidence of venereal

disease has changed nationally and locally, the investigator found that the disease has increased in incidence, particularly among younger persons.

Established programs dealing with venereal disease have been conducted in San Diego, California; Kansas City, Missouri; Los Angeles County, California; Houston, Texas, and Washington, District of Columbia,

Awareness of the increasing disease rate in Des Moines resulted in a Des Moines effort to organize community forces. From case study and evaluation of three workshops, it became apparent that the education of the public was vitally necessary. In-service education followed for teachers, nurses, counselors, and parents. The in-service education was sponsored by the adult education Department of Des Moines Public Schools, resulting in regularly scheduled classes of "Parent-Child Relationships". However, the findings based on the data presented in Chapter III indicated evidence of a discrepancy between the community needs and the Des Moines' Public School venereal disease educational program.

Information gathered from important studies indicated the need of venereal disease education in the schools. Even though the writer realized that venereal disease is a broad and underlying social problem, it is evident that it is the responsibility of the educators to provide adequate programs for the eradication and prevention of social diseases.

The need for a more active program in the Des Moines schools is clearly evidenced when only 22.2 per cent of the respondents indicated doing any teaching about venereal disease; the investigator concluded that a more active role of the schools is of utmost importance in view of the statistical evidence that venereal disease is steadily on the rise and more frequently filtering into the teenage group. Studies show that ignorance of the facts contribute to the incident rate. It is a tragedy if young people are allowed, through ignorance, to become victims of a preventable disease that may cripple them for life.

Venereal disease fits naturally into the existing curriculum by the extension of the health instruction, which provides the most appropriate framework. It could be placed in the seventh grade where courses in communicable diseases could be taught. It is the belief of the writer that this grade is most favorable for placement of venereal disease teaching in the Des Moines schools. The fact that the physical education teachers are teaching boys' hygiene classes alternating with physical education classes, means that venereal disease teaching could be shifted to an earlier grade. Expansion is also necessary by incorporation in other courses such as family life, biology, life science and social studies. In the upper grades more detailed information is necessary with emphasis on the socio-sexual development and

behavior, stressing the importance of building standards, choosing friends, and purposeful goals in life.

On the basis of sixty-nine per cent of the respondents indicating they felt the Des Moines Community was ready for initiating a strong venereal disease program in the schools, the investigator concludes that with the Medical Auxiliary, Junior Chamber of Commerce, and the Des Moines Polk-County Health Department's previous efforts in supporting venereal disease education, the community acceptance of the program needs only the official support of the board of education.

This study showed that specific preparation in venereal disease education through seminars, conferences, or workshops on the teaching of venereal disease was acceptable to 57.7 per cent of the respondents. In viewing the progressive venereal disease educational program by the Des Moines-Polk County Health Department, the writer concludes that school administrators, with the assistance of the public health department, as well as the medical societies, would find the present an opportune time for the implementation of a venereal disease program in the junior and senior high schools in the Des Moines schools. The writer also concludes that no teacher, however, should be forced to teach this subject if he does not feel comfortable or at ease with the topic. In these situations, resource personnel could be utilized.

As a result of the data collected in this study, a conclusion is that although the biological and sociological aspects of venereal disease teaching were included in classes, the historical aspect of this disease should also be included, because this disease has had an effect on world history. The writer also concluded that the epidemiological aspect needs more attention than the study indicated in relation to the importance of reporting every single infected case as the best weapon for eradication of venereal disease.

II. RECOMMENDATIONS

It is recommended that in view of statistical data obtained, a well-established program in venereal disease education should be a reality in Des Moines, Iowa. Knowledge of the venereal disease problem is evident, but a lag exists in the application to venereal disease education. In Des Moines the present community teenage venereal disease program could be reviewed to show the significance of venereal disease as a youth problem, for purposes of the implementation of an active venereal disease instruction in the curriculum.

Another recommendation is to select a school committee with consultants from the community health agencies and represented public. As this is written, a campaign is under way called Program of Action for a County-Wide Venereal Disease Program, consisting of a General Chairman, coordinating the Medical Societies, Communicable Disease Control, State

Health Department, and Public Health Education, with Committee Chairman for Epidemiology, Investigation and Evaluation and Medical Aspects, Social Problems, Venereal Disease Education, and Family Life Education. This action program is explained graphically in Appendix C.

An advisory group established from the nucleus of the school committee, community health agencies and represented public could consider the integration of venereal disease education in health, science, and family relations classes. It should be initiated not later than seventh grade through the twelfth grades, without segregation of sexes. Venereal disease education should include the biological, pathological, epidemiology, and sociological aspects of the disease.

It is further recommended that orientation seminars, conferences, or workshops be established for teachers and nurses to initiate a strong venereal disease program, along with public enlightenment. At conferences the development of a Venereal Disease Teaching Guide for use in the particular school system could be established.

A carefully selected handbook for teachers and a programmed learning book for secondary students could be utilized.

It is also recommended that the Adult Education Parent-Child Relationships Classes be continued, but expanded. The writer found these adult groups very interested in the venereal disease problem locally, and they could help with the community

effort of directing a venereal disease educational program into the Des Moines schools.

It is the recommendation of the writer that the implementation of a specific written policy on venereal disease education would influence those teaching other areas of the curriculum to integrate venereal disease teaching into their specific courses.

It is recommended that a complete sex education program from kindergarten through grade twelve be considered for the Des Moines Public Schools. Within this framework venereal disease could be studied as diseases, also the sociological implications could be thoroughly investigated and discussed.

It is further recommended that a health education resource unit on venereal disease be used as a suggested reference guide. This unit represents Appendix D of this study.

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APPENDIXES

APPENDIX A

LETTER OF TRANSMITTAL USED IN THIS STUDY

Des Moines, Iowa
April 10, 1967

The purpose of this evaluation is to ascertain to what extent venereal disease education is being taught in the Des Moines Schools and by whom. This information is to be analyzed and will help in developing suggested guidelines for the implementation of a venereal disease program in our schools.

This study is a partial fulfillment of my graduate study at Drake University. Your cooperation in completing the attached questionnaire and returning it to me in the enclosed, self addressed, stamped envelope at your earliest convenience will be greatly appreciated.

Sincerely yours,

/s/ Bridget Sweet, R.N.

APPENDIX B

QUESTIONNAIRE USED IN THIS STUDY

The Iowa Health Department recorded more than 4,000 cases of venereal disease last year. According to the United States Public Health Service, there has been a 200 per cent increase nationwide among teenagers since 1957. Polk County rose to a record of 971 recorded cases during 1966.

With the approval of the administration, I submit for your frank appraisal the following questionnaire and implore you to add any pertinent suggestion. This problem cannot wait. Our youth must be informed of the conditions, the perils, the crippling effects of this menace. What can we as educators do?

Place X in the appropriate spaces provided.

I. Are you a teacher or nurse in Junior____or Senior____High?

II. In what area do you teach?

Physical Education_____	Health_____
Social Science_____	Science_____
Home Economics_____	Other_____

III. Do you teach about venereal disease? Yes____No____

A. If answer is yes, is venereal disease correlated as unit in the courses already in the curriculum such as?

Family Living_____	Biology_____
Social Science_____	Health_____
Life Science_____	Other_____

B. What aspect of venereal disease education is included?

Epidemiological_____	Biological_____
Pathological_____	Historical_____
Sociological_____	Other_____

C. If answer is no, do you utilize other resource personnel to present venereal disease education such as?

Physicians_____	Health Educators_____
Nurses_____	Other_____

- IV. Do you think the Des Moines Community is ready to initiate a strong venereal disease educational program in the schools? Yes _____ No _____
- V. Would you be interested in orientation seminars, conferences, or workshops on the teaching of venereal disease? Yes _____ No _____
- VI. Knowing your community has a serious venereal disease problem, would you be willing to teach about venereal disease? Yes _____ No _____
- VII. Your further comments would be appreciated.

FROM: Des Moines-Polk County Health Department
Section of Public Health Education

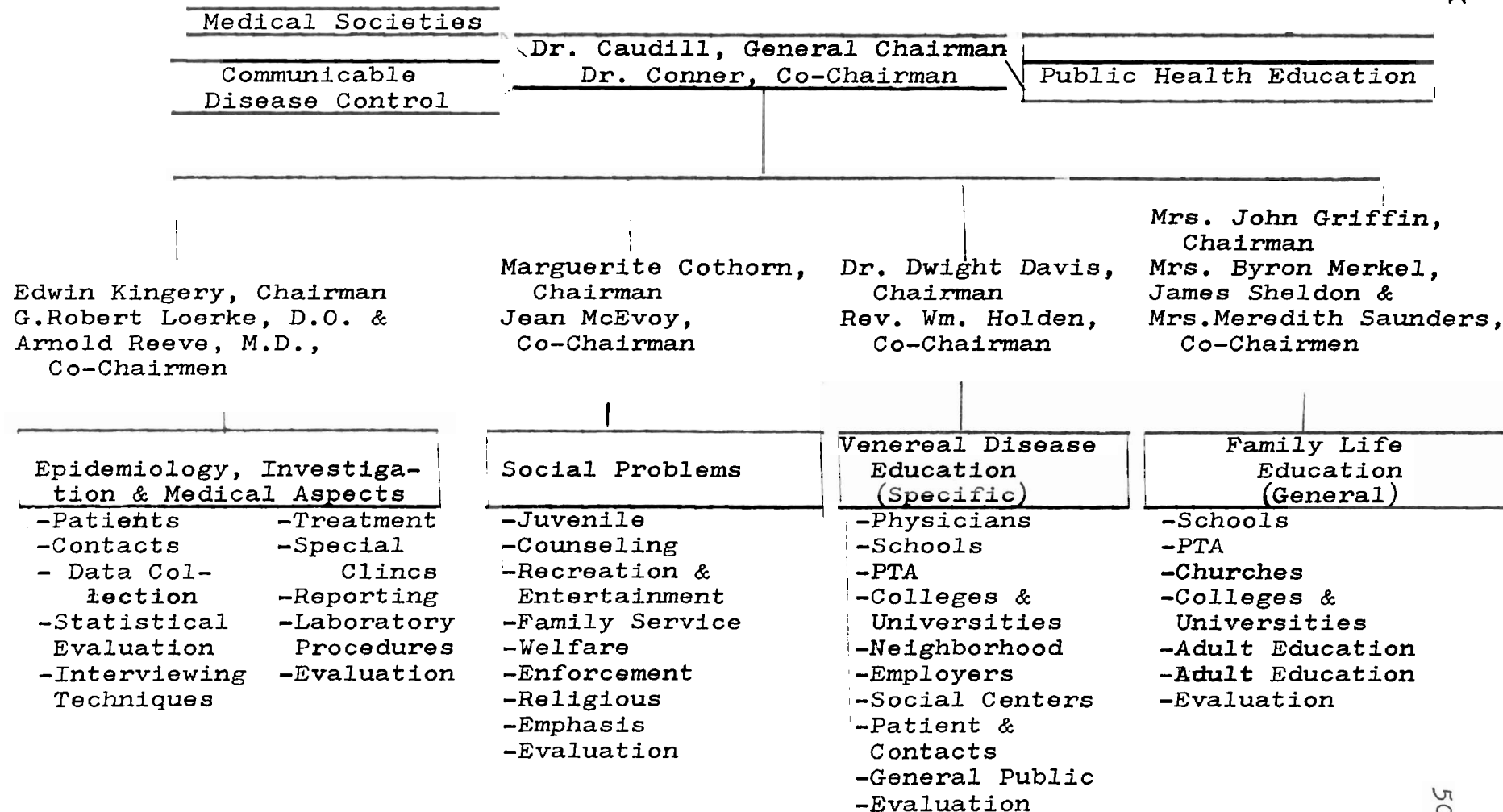
PROPOSED: February 27, 1967

REVISED: June 8, 1967

SUBJECT: Program of Action For A....

APPENDIX

COUNTY-WIDE VENEREAL DISEASE PROGRAM



APPENDIX D

VENEREAL DISEASE

Health Education Resource Unit

I. Title of the Unit - Venereal Disease in Perspective.

The main purpose of venereal disease education as an integral part of school health education is to bring about desirable health behavior changes toward a student's goal of optimal health, including the prevention of venereal disease.

Venereal disease education should provide sequential learning experiences that will help young people to reach the goal of venereal disease education and prevention.

II. Overview of the Unit

A joint statement by: the Association of State and Territorial Health Officers; the American Venereal Disease Association; and the American Social Health Association recommended, "An effective public education program with special focus on persons most at risk of infection." This joint statement also suggested the development of specific community education programs, especially the inclusion of venereal disease education in health courses of the school curriculum as important contributions to prevention. The venereal disease education, particularly for the 15 - 19 year age groups whose incidence rate is twice that of all age

groups, was stimulated by leadership of the National Congress of Parents and Teachers at their 1964 Convention. **Presently** there is still resistance in straightforward health education of venereal disease and only a small per cent of the schools include it in their curriculum.

(a) Venereal disease encompasses the cause, symptoms, and transmission of both gonorrhea and syphilis. Primarily concerned with (1) the conceptual attitude of the objective of total eradication of venereal disease among young people, and (2) the feeling and awareness that the behavioral science aspects of youth must be better understood and interpreted by those who work with seventh through twelfth grade pupils. Also included are the legal aspects and epidemiological studies.

(b) Significance of the unit for the individual is the need to be knowledgeable in the understanding of venereal disease as a youth problem and the encouragement to develop and practice desirable and proper individual and group standards of sexual behavior.

(c) Significance of unit to society is to counteract misconceptions concerning venereal disease and the ubiquitous bombardment of extensive sex stimulants brought about through mass - media, advertisements, etc. Also the development of social responsibilities toward prevention.

(d) The units placement in the curriculum consist of:

(1) Scheduling of venereal disease education in grades seven

through twelve. Three or four class period suggested in lower grades and four to six periods in the upper grades. (2) Taught not as a separate or segregated course or subject, but rather should be integrated into and correlated with existing courses in the curriculum. (3) Correlated into venereal disease education programs of the parent groups, the home, the church, and the community. (4) Venereal disease education should be given before there is likelihood of exposure of venereal disease.

III. Objectives Venereal Disease Unit

A. Growth in knowledge: The student understands

1. To focus attention on the increasing incidents of venereal diseases.
2. To understand the social and emotional problems of venereal disease related to sex.
3. To be knowledgeable of facts regarding symptoms, treatment, and mode of transfer of the venereal diseases.
4. Make decisions and achieve values that will help reach satisfactory goals.
5. To understand some of the possible consequences and outcomes of various courses of conduct in reference to venereal diseases.
6. To correct and alleviate some of the common worries and misconceptions in the field of sex adjustment.
7. To develop in the student a sense of responsibility

for one's own behavior and that of others in regard to venereal disease.

8. To illustrate the effects of untreated venereal disease.

9. To understand the present eradication program related to syphilis.

B. Growth in attitudes: The student

1. Appreciates the development of effective treatment in venereal diseases.

2. Desires to relate values and attitudes to the spread of communicable diseases.

3. Appreciates the social and emotional aspects of venereal diseases.

4. Appreciates the positive attitude toward sex knowledge.

5. Believes that his physician is a source of help, and has confidence in the professionalism of medical treatment.

C. Growth in practices: The student

1. Gains skill in evaluating misconceptions concerning venereal diseases.

2. Gains skill and ability to discuss venereal diseases freely.

3. Gains skill in acceptance and understanding and usage of nomenclature of venereal diseases.

IV. Initiation of the Unit Venereal Disease

Motivating techniques which may be used in the study of venereal diseases:

- A. Showing the film "A Quarter Million Teenagers" presents the physiological aspects of both gonorrhea and syphilis, how the organisms enter the body, and how they affect tissues and organs, how they may be recognized. The need of treatment is stressed.
- B. Pre-test another method of initiating unit.
- C. Use of case study of venereal disease in 1960 of a local venereal disease investigation followed by discussion.
- D. A student article written in the school paper entitled "Rise in Adolescent VD Alarms Health Officials", followed by discussion.
- E. Chalkboard presentation lists causes of communicable diseases and ways in which they are transmitted between individuals, communities, and society.
- F. Physicians certificate blank demonstrating the legal aspects for examination before marriage and before delivery of a newborn, as related to freedom of venereal disease.

OUTLINE CONTENT VENEREAL DISEASE

- I. Nature of syphilis
 - A. Cause
 - B. Transmission
 - C. Symptoms
 - 1. Primary
 - 2. Secondary
 - 3. Latent phase
 - 4. Congenital
 - D. Cure
 - E. Immunity
 - F. Tests
- II. Nature of gonorrhea
 - A. Cause
 - B. Transmission
 - C. Symptoms
 - D. Cure
 - E. Immunity
- III. Extent of venereal disease
 - A. Number affected
 - B. Trends of disease
 - 1. Nation
 - 2. State
 - 3. Age groups

- C. Comparison with other communicable diseases
- IV. Epidemiology of venereal disease
 - A. Locating source of disease
 - B. Control Methods
 - 1. Public Health
 - 2. Medicine
 - C. Responsibility to community
- V. Social impact of venereal disease
 - A. Disease results from improper sex behavior
 - B. Contributing factors in society
 - 1. Dating practices
 - 2. Home influences
 - 3. Illegitimacy
- VI. Tools for eradication of venereal disease
 - A. Medical treatment
 - B. Case-finding
 - C. Venereal disease investigation
 - D. Public education
 - E. Cluster testing
 - F. Better cooperation
 - 1. Public health
 - 2. Private doctors

V. Development of the Unit (Sequence of Experiences)

The following lesson plans are directed for senior high, however they would be formulated only after pupil-teacher planning, so that the learning experiences would be more meaningful. These are only tentative to show the possibilities of sequence. Approximately fifty-five minutes is planned for each lesson.

Daily Lesson Plan (1)

Lesson objectives:

1. To learn the causes, routes of transmission, symptoms, and treatment of venereal diseases.
2. To acquaint students with the terminology of venereal disease.
3. To learn the harmful affects of untreated syphilis and gonorrhea to the body.
4. To give students knowledge in understanding the congenital aspects of venereal disease.
5. To give students an understanding of the extent and significance of the venereal disease problem.

A. Content

Problem: What is Venereal Disease

1. Introduction of unit.

2. Discussion of film.

B. Experiences

Show film "A Quarter State Health Million Teenagers" Department

Leading class into discussion of the questions raised by the film.

C. Instructional Materials

1. Why do teenagers have more VD?
2. Why is it on the increase?
3. What can be done to prevent VD?
4. Facts concerning VD.

3. Discussion of "A Glossary of Terms".

Draw out students who have questions concerning new terms

Each student receives a copy of "Glossary of Terms"

4. Bring out more different terms by review

Writing on chalk-board and analyzing the definitions.

Test attached

5. Information on syphilis and gonorrhea

Distribute information on syphilis gonorrhea

Each student receives a copy of "Information on Syphilis and Gonorrhea".

INFORMATION ON SYPHILIS AND GONORRHEA

SYPHILIS

CAUSE:

Syphilis is caused by a spirochete (a form of bacteria) called *Treponema pallidum*. It is a long slender organism which is difficult to see. It is very fragile and cannot survive outside of the moist warm body.

SIGNS:

First stage (Primary syphilis). A sore appears at place where germs entered the body, usually the sex organs. This sore may appear anywhere from one to six weeks after exposure.

The sore may last about one month. This sore, called a chancre (shanker) sometimes is so small as to be hardly noticeable. Sometimes it looks like a blister or open sore. In girls it may be hidden inside the sex parts and not be seen at all.

Whether or not it is treated the sore disappears but the germs are living and multiplying in the blood and organs.

Second stage (Secondary Syphilis). This is the most contagious stage of syphilis. Three to six weeks after the first sore all or some of the following symptoms may occur; a rash (large or small) on any part of the body; patches of falling hair; sores in the mouth; fever; sore throat; headache. These signs will go away too, but the germs are increasing in number, are getting into the body organs, and can infect other people.

Third stage (tertiary syphilis) There may be a latent phase of months or years. The disease then becomes very devastating, destroys tissues and may leave to paresis, syphilitic heart and other serious diseases.

EFFECT:

If the infected person goes untreated damage continues, and in 5 to 25 years insanity, blindness, heart disease, paralysis, various deformities may develop.

Although the disease is not inherited the germ passes from an infected mother's blood to the baby if the mother has syphilis during pregnancy. The baby may be born blind or deaf or of low mentality. This can be prevented if the mother is treated early in her pregnancy, and even up to within five months.

CURE:

Penicillin is a sure and quick cure if used early. It is helpful at any time, however.

Even though cured, people can become reinfected time after time. There is no immunity.

It is considered that the first year is most infectious. Emphasis is therefore placed on primary and secondary syphilis.

HOW TO TELL IF IT IS SYPHILIS:

In the early stages of syphilis - primary and secondary - a doctor can take scrapings from the sores. He can look at these under a special microscope and actually see the syphilis germ. After the sores have gone away, the only way to tell is by having a blood test. So it is important to have a blood test at least once or twice a year, just to be sure.

GONORRHEA

CAUSE:

Gonorrhea is caused by a small round bacterium which appears in pairs.

SIGNS:

Itching and burning of sex parts is noticed a few days after infection. This burning is felt particularly while urinating. A discharge also develops at about the same time. Girls may sometimes not notice these symptoms even though they are infected. Signs and symptoms may clear up without treatment, but this does not mean a cure. The germs are still in the body, multiplying and causing harm.

EFFECTS:

The germs can damage the sex glands of boys so that they are unable to become fathers. The sex organs of girls can become damaged so that they are unable to have children. Babies born to mothers with gonorrhea can become blind at birth. Untreated gonorrhea can result in arthritis and heart trouble.

CURE:

Penicillin can cure gonorrhea. In order to prevent damage cure must be given early.

A GLOSSARY OF TERMS

ALOPECIA - Spotty, irregular, temporary baldness which may occur in the secondary stage of syphilis.

CHANCER - (Pronounced "shanker".) A painless sore which develops at point where spirochete enters body - usually on or around sex organs.

CONGENITAL SYPHILIS - A form of syphilis contracted by a child from its mother before birth.

CONTAGIOUS - Capable of being transmitted by contact from one individual to another.

EPIDEMIOLOGY - Medical science treating of epidemics - the step-by-step uncovering or tracing of the causes of an epidemic.

GONOCOCCUS - The organism causing gonorrhea.

GONORRHEA - Also called clap; a dose; gleet, morning drip; strain. An infectious inflammatory disease usually confined to the genital and urinary tract.

INCUBATION PERIOD - A period of time it takes from infection to the appearance of visible symptoms of the disease.

INFECTIOUS - Germ bearing

LATENT - Not visible or apparent, dormant.

LESION - Diseased or injured region (tissue).

LOCOMOTOR ATAXIA - A disorder of the nervous system caused by syphilis and characterized by difficulty in co-ordinating voluntary movements of the arms and legs.

NEUROSYPHILIS - A stage of syphilis characterized by involvement of brain and spinal cord which may result in paresis and locomotor ataxia.

PARESIS - Syphilitic infection of the brain causing insanity.

PENICILLIN - A drug developed from a mold and used successfully in the treatment of venereal diseases and several other diseases.

REAGIN - An antibody in the blood manufactured by the body when syphilis germs invade it.

SPIROCHETE - A micro-organism shaped like a corkscrew.

STS - Serological (blood) test for syphils.

SYPHILIS - Also called siff; pox; lues; bad blood. A very infectious disease spread by sexual contact.

TREPONEMA PALLIDUM - The specific spirochete organism causing syphilis.

VENEREAL OR VD - A disease transmitted through sexual intercourse.

Daily Lesson Plan - (2)

Lesson Objectives:

1. Review facts and focus attention on the increasing incidence of venereal disease.
2. To enable students to recognize the spirochete.
3. To impress upon the student the importance of this disease in comparison to the other communicable diseases.
4. To inform students of state laws related to venereal diseases.
5. To recognize the magnitude of venereal disease as a teenage problem on both local and national level.
6. To appreciate the need for the prevention of venereal disease.

A. ContentB. ExperiencesC. Instructional Materials

Problem: Why is there an increase in venereal disease today even though there are known cures?

1. Discussion of a review of the facts.
 - a. Causes
 - b. How transmitted
 - c. Signs and symptoms
 - d. Whether it is hereditary
 - e. Course of the disease
 - f. Treatment and cure

Ask leading questions of students over previous lesson. In reviewing yesterday's presentation of venereal disease, let us see how we can use our knowledge about the facts of venereal disease in deciding some things of importance with regard to personal health.

A. Content

2. Characteristics of spirochete

3. Present case study of true experience related to symptoms of venereal disease

4. Relate the need for Wasserman because of legal aspects

5. Following visuals:
 a. Reported infectuous syphilis cases.
 b. Failure to report treated by physicians
 c. Primary and secondary syphilis per 100,000 population by states
 d. Gonorrhea - a youth problem
 e. Venereal disease cases Des Moines - Polk County, Iowa 1959 - 1965

f. Syphilis in a three county rural area

B. Experiences

Show a picture of the first color photograph of the Treponema pallidum. If microscope is available would allow each student to view.

Ask the following question. Juanita was treated for what stage of syphilis?

Allow each student to view a form used indicating need for Wasserman in pre-marriage examination or other standard law and pre-natal examination law.

With the use of the overhead projector discussion of the trends of venereal disease.

Show chart of statistics relating to VD and illegitimacy in Des Moines - Polk County

C. Instructional Materials

Picture from "Syphilis: Modern Diagnosis and Management"

From a talk by William F. Schwartz a "Venereal Disease Education" - given in Des Moines at VD workshop

Distribute copy of physicians certificate indicating Wasserman or other standard test for syphilis

Picture from "This A.S.H.A."

Public Health Service Source "Something to Think About". Iowa State Department of Health Report.

A study made of Des Moines - Polk County, Iowa

Epidermological study of infections in a three county rural area of Iowa

g. Comparing venereal disease with other communicable diseases

Discuss VD in relation to other communicable problems

Bulletin board display of comparison of VD with other communicable disease

h. Trend of VD both locally and nationally

Discuss removing social stigma in regard to words "syphilis and gonorrhea"

Charts showing trends

Daily Lesson Plan - (3)

Lesson Objectives:

Unit Title: Venereal Disease

1. To understand some of the possible consequences of various habits of behavior in reference to venereal diseases.
2. To understand social problems caused by venereal disease.
3. To acquire a knowledge of his responsibility in the control of venereal disease.
4. To examine the personal factors, social patterns, and social customs that tend to increase the spread of venereal disease.

A. ContentB. ExperiencesC. Instructional Materials

Problem 3

How can venereal disease be controlled?

I. Roll

Seating chart

II. Discussion of facts and changing society.

Leading questions
summary of yesterday's lesson on venereal disease and teenage increase.

Reference made to materials presented the day before on trends of venereal disease.

III. Discussion of today's teenage behavior which lead to venereal disease. How might they be changed?

What are the changes in dating patterns, supervision, automobiles, etc.

Distribute reprint "Another Epidemic of Teenage VD"

IV. Discuss whether such things really happen.

Distribute section 1 only. The class divided into two reads it silently. Students are encouraged to talk about the attitude expressed by Joan.

The article is divided into two sections. Each of which proposes a different discussion problem.

A. ContentB. ExperiencesC. Instructional
Materials

V. Discuss merits of the methods used in solving the problem.

Distribute section 2. The class reads it silently. Class should suggest rules of their own.

This first section of article explained behavior of two teenagers with venereal disease.

This second section covered House Rules which Joan and her parents worked out together.

VI. Discussion of film.

Show film "Innocent Party". Ask leading questions of students on what they thought of film.
1. To what extent are the young people at fault?
2. How might the future happiness of these people be affected by their youthful behavior?

State Health Department

VII. Read articles on current control methods of venereal disease from pamphlets on self.

Daily Lesson Plan - (4)

Lesson Objectives:

Unit Title: Venereal Disease

1. To understand the epidemiological approach to controlling venereal disease.
2. To understand the occurrence of venereal diseases in every socioeconomic level.
3. To understand various methods of controlling venereal disease.

A. Content

Problem 3
continued.
How can
venereal
disease be
controlled?

B. ExperiencesC. Instructional
Materials

I. Roll

Seating chart

II. Discussion
of current
practices used
in the control
of venereal
disease.

A panel made up of
students who col-
lected data from
readings and
interviews - pre-
sent a report on
effective control
measures.
Lead questions:
What are the
methods used for
venereal disease
control?
Describe medical
treatment, etc.

Interviews with
health officer and
health educator
from the local
health department.
Materials:
"The Eradication
of Syphilis?
Task Force Report
to Surgeon
General, U.S.
Department Health,
Education, and
Welfare. PHS
ASHA pamphlets.

III. Discussion
of problem
related to
physician
reporting.

Are there reasons
why physicians
don't report
all known cases?

A. ContentB. ExperiencesC. Instructional
Materials

IV. Discuss the role of venereal disease investigator.

What has been the history of the venereal disease investigator?
How does he work with contacts, etc.?
Report made by student.

Library assignment

V. Epidemiological approach investigated
a. Case-finding
b. Interviewing
c. "Cluster testing".

Diagrams of syphilis outbreaks distributed. Ask "What impresses you first?"
Questions stated:
Number
Size of outbreak
Location
Various aspects of teenagers involved and how could they be prevented.

Studies Used:
Children and youth involved in a typical syphilis epidemic-1958 from "Venereal Disease in children and youth", U.S. Department of Health Education, and Welfare, PHS and Infectious syphilis: Outbreak in a Alabama City February-May, 1962 primarily among teenagers. "Today's VD Control" Tenth Annual Joint Statement. March, 1963-The Association of State and Territorial Health Officers, The American Venereal Disease Association, American Health Association.

VI. Summarize information on controlling venereal disease.

VII. Discuss possible public education.

Lead questions as to ideas explored.

VIII. Assignment.

Daily Lesson Plan - (5)

Lesson objectives:

Unit Title: Venereal Disease

1. To understand problems faced in eradication of venereal disease.
2. To develop an awareness of the combined efforts of many agencies working together to eradicate venereal disease.

A. <u>Content</u> Problem 4: How can Venereal Disease be eradicated?	B. <u>Experiences</u>	C. <u>Instructional Materials</u>
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I. Roll

Seating chart

II. Discuss over-optimism in mid "fifties"

Show graph report- Pamphlet-This is
ing incidents of ASHA, American
syphilis and Social Health
gonorrhea reduced Association.
dramatically during
10 year period
following discovery
of penicillin reach-
ing low point in
1957. This trend
has reversed and
continues to climb.

III. Discuss how public health and private doctors need to fight venereal disease.

Show picture with Overhead Projector showing national study of treatment of venereal disease by private physicians.

"

IV. Discuss phenomenon of grouping all 15 communicable diseases whether tolerable or intolerable to the public.

Use example of disease as smallpox, polio, typhoid, plague and compare status of intolerance which prompts eradication.

A. Content

V. Discuss eradication problems of syphilis.

VI. Discuss finding of recommendations of Task Force.

B. Experiences

Report from student explaining "Why a Task Force?" Read excerpt from Dr. Brown's report of cost of venereal disease to taxpayer.

Fact sheet made available to add to the discussion. Efforts are made to relate significance of eradication program to every member of the school and community.

C. Instructional Materials

"The Eradication of Syphilis" United States Department of Health, Education, and Welfare Publication No. 1190 "Why a Task Force?"

Dr. Brown's report from a speech made at New York Academy of Medicine. March 10, 1964. Dr. William J. Brown, Chief U.S. Venereal Disease Branch.

VI. Culminating Procedures

Understandings which students may apply to every-day living would be: to know what to do if exposed to venereal disease; display concern, within their framework of knowledge, to avoid getting the disease; be motivated to demand action in support of eradication.

Culminating activities could be: a visit to the local health department or mental hospital, or laboratory; writing articles for school newspaper; preparing posters; or other visual media; and preparation of brief written reports.

Review and summary:

Venereal disease was approached by the biological aspects which included the causes, effects, prevention, transmission, recognition, and treatment. Another avenue of approach was by the epidemiological, including all the methods of detection by case finding, contact interviewing and investigation, and public education. In discussing the sociological aspects of venereal disease a case study was used to evaluate patterns of today's teenage behaviors which, lead to venereal disease, and how they might be changed.

Venereal disease was presented as an important problem of young people. Other problems presented discussed the steady increase trend of the disease since 1957, with an alarming upward turn in the 15-19 year age group period. Through various teaching

experiences about the nature of venereal disease, how it is spread, how it can be cured, and prevented, progress toward eradication was the goal.

VII. Evaluation

- A. Students know that people get venereal disease from people who have it.
- B. Students know signs as lesion, discharge, or other discomfort after exposure as symptoms of venereal disease.
- C. Student realizes his responsibilities as a member of a community, or cooperation for eradication of syphilis.
- D. Student knows that venereal disease increases in proportion to amount of indiscrimination in sexual activity.

Evaluation:

- 1. Observation of student interest and participation.
 - a. Does he ask intelligent questions?
 - b. Is he curious?
 - c. Is his attitude serious?
- 2. Testing for factual information.
- 3. Application and panel discussion.
- 4. Has this unit stimulated interest for future research?

Completion type test:

1. Syphilis and gonorrhea are also called _____ diseases.
2. Gonorrhea can be cured by _____
3. One way a doctor finds out if a person has syphilis is by _____.
4. Two parts of the body often affected by untreated syphilis which has been in the body a long time are _____ and _____.
5. In your community, where can a person go who has syphilis and is unable to pay for treatment _____?
6. The most alarming development is the tremendous increase in venereal disease among _____ age groups.
7. Venereal disease is increasing in _____ neighborhoods.
8. There _____ vaccine against syphilis and gonorrhea.
9. Gonorrhea and syphilis are _____ hereditary.
10. First stage of syphilis is described as _____

Evaluation of Student Learning and Grading

Ten items modified true-false:

1. Syphilis and gonorrhea are different stages of the same disease.
2. It is possible for a person to have syphilis and gonorrhea at the same time.
3. Venereal disease is almost always spread by sexual contact.
4. Sores and rashes can always be found on people who have syphilis.
5. If a pregnant woman has syphilis, she can transmit the disease to her unborn child.

6. Syphilis can be inherited and passed on for generations.
7. Some of the persons who have syphilis may never have had any of the signs and symptoms of the disease.
8. A blood test is one of the methods used to determine if a person has syphilis.
9. Gonorrhea is one of the most commonly reported diseases.
10. If gonorrhea is not found and treated, it may blind, cripple, and even make it impossible for a person to have children.

Ten items multiple choice:

1. Which of the following causes a venereal disease?
A. Injury. B. Body strain. C. Germs. D. I don't know.
2. Are syphilis and gonorrhea very important threats to health today? A. Yes. B. No. C. I don't know.
3. Could a person who had a chancre (the first sign of syphilis) pass syphilis along to other persons without realizing that the chancre was there or that he or she was sick?
A. Yes. B. No. C. Not likely. D. I don't know.
4. How might a body be infected with syphilis or gonorrhea?
A. Being bitten by an insect. B. Picking it up from a door handle or drinking fountain.
C. Skin-to-skin contact. D. A cut or puncture.
E. I don't know.
5. Against which of the following might soap and water have the most effect?
A. Syphilis. B. Gonorrhea. C. I don't know.
6. Which of the following is the more likely to discover that a person probably needs treatment for syphilis?
A. A physical examination. B. A blood test.
C. I don't know.
7. A woman with untreated syphilis can pass syphilis on to her unborn baby for how long?
A. Up to two years after she's infected.
B. Indefinitely.
C. As long as she has signs of the disease.

8. Most men begin to realize there is something wrong with them within which of the following time periods after they are infected with gonorrhea?
A. 3 to 8 days. B. 1 to 3 days. C. 24 hours.
9. If the first sign of syphilis appears between 10 and 90 days after infection, where could this be on the body?
A. Around or on the "sex parts" only. B. Almost anywhere.
C. On the mucous membrane only.
10. Which disease is more likely to cause blindness in babies?
A. Syphilis. B. Gonorrhea.

Ten items objective type related to a problematic situation:
True or false.

Article from Time - September 21, 1962.
"Resurgent Syphilis: It Can Be Eradicated"

1. Syphilis is a world-wide problem.
2. With effective treatment of congenital syphilis, we don't have a problem.
3. Over-optimism in the discovery of penicillin as effective treatment is greatly to blame for reoccurrence of syphilis.
4. Primary and secondary stage of syphilis are always visible.
5. Untreated syphilis is always painful.
6. Most teenagers learn about venereal disease from their parents.
7. The germ of syphilis flourishes nowhere but in the body of man.
8. Doctors have been reluctant in reporting all cases of syphilis to the health authorities.
9. The resurgence of syphilis is partly due to traditional hush-hush attitude toward venereal diseases.
10. Continued funds at federal level are needed to eradicate venereal diseases.

Ten items objective type related to interpretation of a bar graph: True or false.

1. Incidence of venereal disease is greater than polio.
2. There are more cases of syphilis than gonorrhea.
3. Measles has the highest rate of reported communicable diseases.
4. There are more than twice the number of reported gonorrhea than syphilis.
5. There are more cases reported of tuberculosis than syphilis.

6. Scarlet fever has more cases reported than syphilis.
7. Polio incidence is half the number of syphilis.
8. According to previous knowledge, does the graph show a true picture of reported cases of venereal diseases in comparison to other communicable diseases.
9. The case of reported measles is more than three times that of syphilis.
10. The combined number of reported syphilis and gonorrhea is more than all cases of measles reported.

Three essay questions:

1. Describe the many avenues of approach which you could follow in eradicating syphilis.
2. Describe your reaction upon finding out your best friend has syphilis.
3. Describe what you think are contributing factors of venereal disease.

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C. FILMS

From Generation to Generation: Illustrate the basic facts of human reproduction, showing childbirth as an emotional and spiritual experience, as well as a physical one. The case history of a farm couple and the wife's pregnancy. Animated and live action. 28 minutes. Color.

A Quarter Million Teenagers: Presents the psysiological aspects of both gonorrhea and syphilis; how the organisms enter the body; how the disease affect tissues and organs; how they may be recognized. The need for treatment is stressed. (1964). 16 minute color. Grade seven through adult.

Innocent Party: Tells the story of two young people who contact syphilis. Points out the problems they faced. Grade ten through adult. 16mm. motion picture, color, 17 minutes. Produced by Centron Corporation for Kansas State Board of Health, 1959. Distributed by Calvin Productions, Inc., Kansas City, Missouri.

Dance Little Children: Touches upon some of the causes and possible answers in the problems of increasing syphilis rates among teenagers. (1962). 25 minutes, color. Grade ten through adult.

The Invaders: 16 mm motion picture, black and white. 29 minutes. Produced by Potomac Film Producers, 1955. Distributed by Center for Mass Communications, New York City.